

Date Received _____

Amount Due: \$25.00 (Pre-Paid) or \$30.00 invoiced (New Fees will go into effect on January 1, 2003)

Date Paid _____ Date Returned _____

TOWN OF COTTAGE GROVE
4058 CTH N
COTTAGE GROVE, WISCONSIN 53527
PHONE (608) 839-5021
FAX (608) 839-4432

STATEMENT OF REAL PROPERTY STATUS

To be completed by Requesting Party: Parcel Number 018-0711- _____

Address of Property: _____

Name of Owner: _____

Requested by:

Company Name _____ Contact _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Special Assessments Due on Property _____

20__ Net Real Estate Taxes _____ Special Charges _____ Total \$ _____

Date Paid _____ Amount Paid _____ Balance Due* \$ _____

*Payments made after January 31 are made to the Dane
County Treasurer and will not be reflected on this balance.

20__ Assessed Land Value _____ 20__ Assessed Improvement Value _____

Total Assessed Value \$ _____

20__ Assessment Ratio _____ 20__ Mill Rate _____

NOTE: It is hereby expressly understood that this memorandum statement is issued subject to errors and omissions and shall not be binding upon the Town of Cottage Grove. In accordance with Sec. 19.21(2), Wisconsin Statute, you are entitled to examine the public records and verify the information obtained therefrom to your own satisfaction.

Town of Cottage Grove Representative _____